LTBB ELDERS PROGRAM Emergency Fuel & Utility Program Application

OFFIC	CE USE ONLY DO NOT WRITE
Г	COMPLETED APPLICATION
	A COPY OF MY TRIBAL ID
	DENIAL LETTER
	W-9
V3	ESTIMATE
1 10	INVOICE
	INCOME VERIFICATION

To contact the Elders Department, please call (231) 242-1423 and we will gladly help you!

Notes:

Little Traverse Bay Bands of Odawa Indians Elders Program Emergency Fuel & Utility Application

Name:			Enrollment #:			
Address:		Birth Date:				
City:	State:	Zip:	Phone #:			
		_				
Other Persons Living in Househo		Reason for assistance:				
Name						
1.						
2.						
3.						
4.						
5.						
Income: Documentatio	n MUST be pro	ovided for a	Il persons living in home.			
Name:	Income Source:		x12= Annualized Income			
				1		
VENDOR NAME: COMPLETE MAILING						
ADDRESS:						
YOUR ACCOUNT #:						
READ BEFORE SIGNING						
Lundavatand that Lang annly only once nor 42 month paried for positions						
 I understand that I can apply only once per 12 month period for assistance. I hereby certify that all information in this application is true, correct and complete to the best of my knowledge. 						
 I understand that giving false or incomment 	mplete information	on can result i	n referral to the prosecuting attorr	ney for fraud, and/o		
recovery of funds paid on my behalf.				of more annulisation		
 I understand that failure to provide all I understand that I have a right to hea 				or my application.		
 I understand that there is no guarante 	-			oved and a decision		
notice sent to me.						
 Please include copy of Tribal ID. 						
Applicant's Signature:			Date:			
Elders Program Signature:			Date:			